

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO. \_\_\_\_\_  
APPLICANT(S) \_\_\_\_\_

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT						
	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND
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49											
50											
TOTAL IND.	31										
TOTAL DEP.		18									
TOTAL CLAIMS	19										
TOTAL IND.											
TOTAL DEP.											
TOTAL CLAIMS											